

April 2017



Office of the City Auditor

City of Kansas City, Missouri

# KANSASCITY MISSOURI

#### Office of the City Auditor

21<sup>st</sup> Floor, City Hall 414 East 12<sup>th</sup> Street Kansas City, Missouri 64106

April 19, 2017

Honorable Mayor and Members of the City Council:

This audit of the Health Department's Communicable Disease Prevention and Public Health Preparedness Division's performance measures focuses on four performance measures the division uses to assess how well it is achieving its goals and objectives. We determined whether the measures were relevant, understandable, comparable, timely, consistent, and reliable.

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Governments can use performance measures to determine whether goals and objectives were achieved, to improve decision-making, to decide how to effectively use resources, and to identify areas where improvements could be made. When performance measures possess the characteristics listed above, they become more useful to those relying on the information the measures provide.

We found three measures to be at least partially relevant to the division's goals or objectives, included targets by which their performance can be compared, and were reported timely to Health Department management. The fourth measure we reviewed was not relevant to the division's goals or objectives.

The division can improve the user's understandability of the measure by clarifying measure titles and providing greater detail in descriptions accompanying the measures. The department can also improve the reliability of the measures by implementing a systematic quality assurance process to review data calculations and developing written procedures documenting the calculation method.

For each measure relevant to the division's performance, we listed the measure's strengths and how the division could improve the measure. We recommend the division address each improvement listed for each of these measures. We also recommended the division eliminate the measure that we determined was not relevant to the division's goals or objectives.

The draft report was sent to the director of health on March 28, 2017, for review and comment. His response is appended. We would like to thank Health Department staff for their assistance and cooperation during this audit. The audit team for this project was Joyce Patton and Sue Polys.

Douglas Jones

City Auditor

## Communicable Disease Prevention and Public Health Preparedness Division Performance Measures

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#### Introduction

#### **Objectives**

We conducted this audit of the Health Department's Communicable Disease Prevention and Public Health Preparedness Division's performance measures under the authority of Article II, Section 216 of the Charter of Kansas City, Missouri, which establishes the Office of the City Auditor and outlines the city auditor's primary duties.

A performance audit provides "findings or conclusions based on an evaluation of sufficient, appropriate evidence against criteria. Performance audits provide objective analysis to assist management and those charged with governance and oversight in using the information to improve program performance and operations, reduce costs, facilitate decision making by parties with responsibility to oversee or initiate corrective action, and contribute to public accountability."

This report is designed to answer the following question:

 Are the Health Department's performance measures for the Communicable Disease Prevention and Public Health Preparedness Division relevant, understandable, comparable, timely, consistent, and reliable?

#### **Scope and Methodology**

Our review focuses on whether the Health Department's Communicable Disease Prevention and Public Health Preparedness Division's (CDP/PHP) following performance measures are relevant, understandable, comparable, timely, consistent, and reliable:

- Percent of newly reported high priority STD (HIV, Syphilis) investigations completed within 7 days.
- Percent of newly reported high priority communicable disease investigations completed within 7 days.

<sup>&</sup>lt;sup>1</sup> Comptroller General of the United States, *Government Auditing Standards* (Washington, DC: U.S. Government Printing Office, 2011), p. 17.

- Average number of days from the date of diagnosis to receiving the report at the Health Department for all reportable communicable diseases including STDs and HIV.
- Percent of full-time staff receiving influenza vaccinations.

#### Our audit methods included:

- Reviewing performance measure literature to identify recommended characteristics of performance measures.
- Interviewing Health Department staff, including staff in the CDP/PHP, to understand the division's goals and objectives, methods for gathering data and calculating performance measures, and uses of division performance measures.
- Reviewing the CDP/PHP's performance measures presentation materials to determine whether they assist in the measures' understandability.
- Recalculating three of the division's performance measures for the first three months of fiscal year 2017 and recalculating the "percent of full-time staff receiving influenza vaccinations" measure for fiscal years 2015 and 2016 to verify the accuracy of the calculations.
- Comparing the performance measures to the Governmental Accounting Standards Board's recommended characteristics for performance measures to determine whether the performance measures are relevant, understandable, comparable, timely, consistent, and reliable.

We did not review all of the performance measures reported by the Communicable Disease Prevention and Public Health Preparedness Division, therefore we did not assess whether the division's measures cover all of the division's major goals and objectives.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives. No information was omitted from this report because it was deemed privileged or confidential.

#### **Background**

#### Communicable Disease Prevention and Public Health Preparedness Division

The Health Department's Communicable Disease Prevention and Public Health Preparedness Division addresses the city's business plan goal for Neighborhoods and Healthy Communities, departmental strategic objective 9, "Identify and mitigate community health hazards by monitoring and responding to communicable disease threats." The division is responsible for the detection, control, and prevention of communicable diseases and bioterrorism among Kansas City residents and visitors. The division monitors and investigates diseases of public health concern including diseases mandated by city code, such as tuberculosis (TB), sexually transmitted diseases (STD), and HIV/AIDS, to be reported by medical professionals. The division's clinical responsibilities include immunizations, the TB clinic, the STD clinic, and the immigration clinic. The division also maintains medical records and vital statistics.

#### **Performance Measures**

Government uses performance measures to determine whether it is achieving its goals and objectives, strengthen accountability, enhance decision-making, determine effective use of resources, and identify opportunities for improvement. Performance measures are numeric descriptions of the results of an entity's work made up of inputs, the amount of resources used in providing the service; outputs, the quantity of service provided; outcomes, measuring the quality of services provided; and efficiency, measuring the amount of resources used per unit of output.

The Governmental Accounting Standards Board (GASB) developed a framework for local and state government to report performance information to assist users to assess economy, efficiency, and effectiveness of government performance. As part of this framework, GASB identifies six characteristics performance information should possess to communicate performance effectively. The characteristics are relevance, understandability, comparability, timeliness, consistency, and reliability. (See Exhibit 1.) We used GASB's recommended characteristics as criteria to assess the Communicable Disease Prevention

<sup>&</sup>lt;sup>2</sup> Citywide Business Plan, Adopted FY 2017-22, City of Kansas City, Missouri, p. 33.

<sup>&</sup>lt;sup>3</sup> Code of Ordinances, Kansas City, Missouri, Sec. 34.53-56.

and Public Health Preparedness Division's performance measures we reviewed.

Exhibit 1. GASB Recommended Performance Measure Characteristics and Description

Characteristic	Description
Relevance	Provides a basis for understanding how an entity is meeting its goals and objectives, to assist in decision-making, or assess accountability.
Understandability	Communicated in a manner that is easily understood by a reasonably informed interested party. Data tables, graphs, charts, a description of how the measure should be used, and in some instances, disclosing underlying factors or existing conditions that are known to have affected the reported result may be necessary when presenting the result.
Comparability	Comparisons to prior fiscal years, established targets or standards of performance, or benchmarked with other comparable entities in order to understand the level of performance.
Timeliness	Reported while still useful in making decisions and assessing accountability.
Consistency	Consistently reported from period to period to provide a basis for comparing performance over time and to allow for gaining understanding of the measure over time.
Reliability	Verifiable, free from bias, and represents what it claims to represent.  Data used for the measure should be from systems with adequate controls and verifiable data.

Source: Concepts Statement No. 2 of the Governmental Accounting Standards Board on concepts related to Service Efforts and Accomplishments Reporting, Governmental Accounting Standards Series, No. 109-A, April 1994.

#### **Findings and Recommendations**

### Performance Measures Address Many Recommended Characteristics, Some Improvements Needed

The Communicable Disease Prevention and Public Health Preparedness Division's performance measures include many of the recommended characteristics of performance measures - relevance, understandability, comparability, timeliness, consistency, and reliability. Most measures were at least partially relevant in measuring the level of performance in meeting a division or department objective or policy. The division could make the measures more easily understood by improving measure titles and/or providing additional descriptions that accompany the measures. The performance measures included targets by which their performance can be compared. The division reports the performance measure results timely, helping ensure they are still useful when reported. Two of the three relevant measures have been consistently calculated allowing comparisons between review periods. Finally, all of the relevant measures had data entry and data security controls, which contributes to reliability; however, the division needs to implement systematic quality assurance processes and develop written procedures to improve reliability. (See Exhibit 2.)

Exhibit 2. Recommended Characteristics of Selected CDP/PHP Division Performance Measures

Dorformana Massura	Does Performance Measure Meet the Characteristic?					
Performance Measure	Relevant	Understandable	Comparable	Timely	Consistent	Reliable
Percent of newly reported high priority STD (HIV, Syphilis) investigations completed within 7 days	Yes	Partially	Yes	Yes	Yes	Partially
Percent of newly reported high priority communicable disease investigations completed within 7 days	Yes	Partially	Yes	Yes	Yes	Partially
Average number of days from the date of diagnosis to receiving the report at the Health Department for all reportable communicable diseases including STD and HIV	No	NA	NA	NA	NA	NA
Percent of full-time staff receiving influenza vaccinations	Partially	No	Yes	Yes	No	Partially

Source: Health Department and City Auditor's Office analysis.

#### "Percent of Newly Reported High Priority STD (HIV, Syphilis) Investigations Completed within 7 Days" Measure Addresses Most Recommended Characteristics

While we found this performance measure and its reported results to be relevant, comparable, timely, and consistent, the division could improve its understandability by clarifying the units measured in the measure's title and specifically identifying the types of syphilis measured in supporting documentation. The division can also improve the reliability of this measure by ensuring timely data entry, updating previous months' results, implementing a systematic quality assurance process of the calculation, and documenting the calculation method. (See Exhibit 3.)

Exhibit 3. Strengths and Needed Improvements for "Percent of Newly Reported High Priority STD (HIV, Syphilis) Investigations Completed within 7 Days" Measure

Characteristic	Strengths
Relevant	Aligns with division's goal to identify and mitigate community health hazards by monitoring and responding to communicable disease threats.
	Can be used for decision-making and can assess accountability.
Understandable	Data presented graphically.
Comparable	Established target.
Timely	Timely monthly and quarterly reporting.
Consistent	Calculation method did not change.
	Person in charge of calculating measure remained the same.
Reliable	Data entry and data security controls.
	Needed Improvements
Understandable	Include "business days" in measure title.
	Describe types of syphilis in supporting materials.
Reliable	Maintain copy of data needed to verify accuracy.
	Ensure timely data entry.
	Recalculate previous months' results.
	Implement systematic quality assurance process to review calculations.
	Document calculation method.

Source: City Auditor's Office analysis.

This performance measure is *relevant* to the division's objective to identify and mitigate health hazards by monitoring and responding to communicable disease threats. Because the measure addresses the division's objective, management should be able to use it to determine whether the division's performance is meeting its goals, use the data to make decisions, and assess accountability pertaining to staffing, investigations, and surveillance methods.

The performance measure's understandability could be improved by adding a more descriptive title and supplemental description. The division enhances understanding of the measure by using graphs to present the performance measure. However, the title of the measure does not state that the calculation is in business days. Including business days in the measure title helps users easily understand that the measure includes days that were within the staff's control. Additionally, the supplemental narrative description of the measure available to department leadership when reviewing the measure does not specify which of the several types of syphilis are included in the measure. Not specifying which types of syphilis are included in the measure could cause users to assume mistakenly that it included all types.

The performance measure is *compared* to the division's target. The division compares the results of this measure to its established target of 65 percent of newly reported high priority STD investigations completed within 7 business days. Having a target allows those using the measure to determine whether the division is performing as expected.

#### The performance measure's monthly reporting is *timely*.

Management states that this measure should be reported at least monthly in order to adjust resources or workloads as well as identify time management issues. Division staff reports the measure monthly to the division manager and quarterly to department leadership, which should allow management to recognize problems and make adjustments quickly.

The performance measure's calculation remained *consistent*. How the measure is calculated did not change over the months we reviewed. Additionally, the division has the same staff calculate this measure, which helps ensure consistency in method. By calculating the measure consistently from period to period, the user is able to compare performance without considering how changes to the measure would affect the numbers. The consistency of this measure also allows the user to gain an understanding of the measure over time.

The performance measure's *reliability* could be improved by maintaining supporting documentation of the calculation, entering data promptly, recalculating previous months' results, implementing a systematic quality assurance process, and documenting the calculation method. The division has data entry and data security controls over the data used in calculating the measure, which contributes to the reliability of the result. Although we had hoped to determine the reliability of the reported results by recalculating them, we were unable to because the division did not maintain a copy of the original data. Staff stated they would start maintaining a copy.

We did review the result for the first three months of the fiscal year using the current data in the database. We found that the data changed significantly for June and July between when staff calculated and reported the measures in July and August 2016 and our calculation in February 2017. Changes to the data were the result of staff entering data into the source database after the end of the reporting period, including some completed investigations that staff entered months late. In addition, staff said some data changes in previous months are the result of corrections to the data such as correcting a misreported jurisdiction. While some data changes may be unavoidable, it is important for management to have the most up-to-date and accurate data on which to base decisions; therefore, prompt data entry is necessary. Updating the results to capture the unavoidable data changes is also important. The division did not recalculate previous months' data to recognize data changes but plans to in the future. Recalculating and reporting the previous months' with updated results helps ensure accurate information for decision-making going forward.

Division staff said they spot check measure calculations but do not perform a systematic review, which would help identify inaccuracies more consistently and make the data more reliable. The division also has not documented the calculation method. The division reports that it is developing written procedures. Written policies and procedures should serve as a guide to enable staff to be consistent in their actions, serve as a reference tool for infrequently encountered situations, and lessen the threat to continuity posed by employee turnover all of which should help ensure reliability. The reliability and accuracy of measure results are critical when they are used to measure performance and make decisions.

**Recommendation**. In order to improve the performance measure's understandability and reliability, the director of health should address the needed improvements identified in Exhibit 3 for the "percent of newly reported high priority STD (HIV, Syphilis) investigations completed within 7 days" performance measure.

#### "Percent of Newly Reported High Priority Communicable Disease Investigations Completed within 7 Days" Measure Addresses Most Recommended Characteristics

While we found this performance measure to be relevant, comparable, timely, and consistent, the division can improve the understandability by making the measure title more specific. The division can also improve the reliability of the measure by implementing a quality assurance process and documenting the calculation method. (See Exhibit 4.)

Exhibit 4. Strengths and Needed Improvements for "Percent of Newly Reported High Priority Communicable Disease Investigations Completed within 7 Days" Measure

Characteristic	Strengths	
Relevant	Aligns with division's goal to identify and mitigate community health hazards by monitoring and responding to communicable disease threats.	
	Used for decision-making.	
Understandable	Data presented graphically.	
Comparable	Established target.	
Timely	Timely monthly and quarterly reporting.	
Consistent	Calculation method did not change.	
	Person in charge of calculating measure has remained the same.	
Reliable	Data entry and data security controls.	
	Needed Improvements	
Understandable	Include "business days" in title of measure.	
	State in title of measure that STDs are excluded.	
Reliable	Implement systematic quality assurance process to review calculations.	
	Document the calculation method.	

Source: City Auditor's Office analysis.

This performance measure is *relevant* to the division's objective to identify and mitigate health hazards by monitoring and responding to communicable disease threats. Because the measure addresses the division's objective, it should help management determine whether the division's performance is meeting its goals. Management also reports that the measure results have been useful to decisions about investigator staffing levels.

The performance measure's *understandability* could be improved by adding a more descriptive title. While the division presents performance measure results with graphs, which assists with understanding the results, the user will not easily understand the performance measure from the title. The measure title does not state that STDs are excluded. A user could reasonably assume that STDs are

included in the measure as they are a subset of communicable diseases. Additionally, the measure's title does not state that the calculation is in business days. Including business days in the measure title helps users to understand that the measure only includes days that are within the staff's control.

The performance measure is *compared* to the division's target. The division compares the results of this performance measure to its target of 65 percent of newly reported high priority communicable disease investigations completed within 7 business days. Comparing performance measure results to a target can show whether the division is performing as expected.

The performance measure's monthly reporting is *timely*. Division management wants staff to report on the measure monthly in order to adjust resources or workloads as well as identify time management issues. Division staff reports the measure monthly to the division manager and quarterly to department leadership, which should allow management to recognize problems and make adjustments quickly.

The performance measure's calculation remained *consistent*. How this measure is calculated did not change over the months we reviewed. Additionally, the division has the same staff calculate this measure, which helps ensure consistency in method. By calculating the measure consistently from period to period, the user is able to compare performance without considering how changes to the measure affect the numbers. The consistency of this measure also allows the user to gain an understanding of the measure over time.

The measure's reliability could be improved by accurately calculating the measure, implementing a systematic quality assurance process, and documenting the calculation method. The division has data entry and data security controls over the data used in calculating the measure, which contributes to the reliability of the result. However, we found calculation errors in the three months of performance results we reviewed. Division staff stated they spot check measure calculations but do not systematically perform quality assurance of the results, which would help identify inaccuracies more consistently and make the results more reliable. Additionally, the division does not have written procedures outlining the calculation method. The division reports that it is developing written procedures. Written policies and procedures should serve as a guide to enable staff to be consistent in their actions, serve as a reference tool for infrequently encountered situations, and lessen the threat to continuity posed by employee turnover.

**Recommendation**. In order to improve the performance measure's understandability and reliability, the director of health should address the needed improvements identified in Exhibit 4 for the "percent of newly reported high priority communicable disease investigations completed within 7 days" performance measure.

"Average Number of Days from the Date of Diagnosis to Receiving the Report at the Health Department for All Reportable Communicable Diseases Including STDs and HIV" Measure Not Relevant to Division's Performance

Because this measure does not reflect the division's performance, it does not provide a basis for understanding how the division is meeting its goal of identifying and mitigating health hazards by monitoring and responding to communicable disease threats or other division goals. The measure monitors how quickly health professionals mandated by city ordinance to report communicable diseases report these conditions to the Health Department. It does not reflect anything the division does; therefore, it is not a relevant performance measure for the division. Because the measure is not relevant to the division's performance, we did not assess the measure for the other recommended characteristics of a performance measure.

**Recommendation**. In order to focus the division's performance measures on measures that show the division's performance in meeting its goals and objectives, the director of health should eliminate the "average number of days from the date of diagnosis to receiving the report at the Health Department for all reportable communicable diseases including STDs and HIV" performance measure.

"Percent of Full-time Staff Receiving Influenza Vaccinations" Measure Should Address Relevance, Understandability, Consistency, and Reliability

While we found this performance measure and its results to be comparable and timely, the measure's relevance would be improved by expanding the target population of the measure. The division could improve the measure's understandability by stating in the title exclusions to the target population. Calculation inconsistency of the measure may affect comparison of the measure over time. Implementing a systematic quality assurance process and documenting the calculation method can improve the reliability of this measure. (See Exhibit 5.)

Exhibit 5. Strengths and Needed Improvements for "Percent of Full-time Staff Receiving Influenza Vaccinations" Measure

Characteristic	Strengths
Relevant	Aligns with the department's employee immunization policy.
Comparable	Established target.
Timely	Timely frequent reporting during flu season.
Reliable	Measure results could be replicated.
	Needed Improvements
Relevant	Expand measure's target population.
Understandable	State in measure title that employees with medical exemptions are excluded.
Consistent	For future comparison purposes, recalculate previous results with new methodology or note changes in methodology.
Reliable	Implement systematic quality assurance process to review calculations.
	Document calculation method.

Source: City Auditor's Office analysis.

The performance measure is *relevant* as a department compliance measure but does not include all relevant populations. This measure aligns with the Health Department's employee immunization policy, but it does not provide a basis for understanding how the CDP/PHP division is meeting its goals. Its relevance as a department compliance measure could be improved by expanding the target population to include all employees who receive the influenza vaccination working in the Health Department - part-time, full-time, and contract employees as well as tenants of the Health Department building. Currently, the measure only includes full-time Health Department staff (non-contractors) without a director-approved exemption. Management reports that monitoring the compliance with receiving flu vaccinations assists the department with deciding on the need for additional flu prevention measures. The department can improve the measure by including all relevant parties that can spread influenza.

To improve understandability, the measure's title should state that medical exemptions from the flu shot are excluded from the measure. The user could more easily understand the performance measure by stating the exclusions to the measure in the title. By stating that employees with medical exemptions are not included in the measure, the user easily understands that the difference between the result and full compliance is not due to medical exemptions.

The performance measure is *comparable* to the division's target. The division compares the results of this performance measure to its established target of 90 percent of full-time staff receiving influenza vaccinations. Comparing a performance measure to a target informs management of whether the division is achieving its goal.

The division reports the measure *timely* for decision-making and to encourage compliance. The division reports the results of the performance measure to Health Department management and employees frequently during flu season. Reporting the measure frequently during the flu season gives management enough time to initiate additional influenza prevention measures if needed and to motivate employees to receive vaccinations.

Changes to measure *consistency* affect comparisons over time. In our review of fiscal years 2015 and 2016 performance measure results, we found two changes in fiscal year 2016 from the previous year. The deadline for reporting flu shots was extended from January 1<sup>st</sup> to March 1<sup>st</sup> and non-Health Department city employees whose primary work location was at the Health Department's building were added. Because the measure has not been calculated consistently from period to period, it is difficult to compare performance over time. Changes to the results may be due to the changes to the calculation rather than performance. To compare results accurately over time it may be necessary to recalculate previous periods using the new method or make note of the changes for the user's consideration.

Implementing a systematic quality assurance process and documenting the calculation method would help ensure *reliability* of the measure. We found fiscal years 2015 and 2016 measure results to be verifiable. Because we initially did not know about changes to the calculation in fiscal year 2016, we had difficulty replicating the division's results. The division has since documented the changes in the supporting calculation paperwork. The division does not check the accuracy of the result or have a systematic quality assurance process for this performance result. Although we did not identify inaccuracies in the calculations we reviewed, having a systematic process to check the

calculations would help ensure continued accuracy. The division also does not have written procedures outlining the calculation method. The division reports that it is developing written procedures. Written policies and procedures should serve as a guide to enable staff to be consistent in their actions, serve as a reference tool for infrequently encountered situations, and lessen the threat to continuity posed by employee turnover.

**Recommendation.** In order to improve the performance measure's understandability and reliability, the director of health should address the needed improvements identified in Exhibit 5 for the "percent of full-time staff receiving influenza vaccinations" performance measure.

#### **Recommendations**

- 1. For the "percent of newly reported high priority STD (HIV, Syphilis) investigations completed within 7 days" performance measure, the director of health should:
  - Include "business days" in the title of the measure.
  - Describe types of syphilis in supporting materials.
  - Maintain a copy of data needed to verify accuracy.
  - Ensure timely data entry.
  - Recalculate previous months' results.
  - Implement a systematic quality assurance process to review calculations.
  - Document the calculation method.
- 2. For the "percent of newly reported high priority communicable disease investigations completed within 7 days" performance measure, the director of health should:
  - Include "business days" in the title of the measure.
  - State in the title of the measure that STDs are excluded.
  - Implement a systematic quality assurance process to review calculations.
  - Document the calculation method.
- 3. The director of health should eliminate the "average number of days from the date of diagnosis to receiving the report at the Health Department for all reportable communicable diseases including STDs and HIV" performance measure.

- 4. For the "percent of full-time staff receiving influenza vaccinations" performance measure, the director of health should:
  - Expand the measure's target population.
  - State in the measure title that employees with medical exemptions are excluded.
  - For future comparison purposes, recalculate previous results with the new methodology or note changes in the methodology.
  - Implement a systematic quality assurance process to review calculations.
  - Document the calculation method.

Communicable Disease Prevention and Public Health Preparedness Division Performance Measures

## Appendix A Health Director's Response

Communicable Disease Prevention and Public Health Preparedness Division Performance Measures



#### Inter-Departmental Communication Health Department

RECEIVED

APR 1 1 2017

Date:

April 7, 2017

CITY AUDITOR'S OFFICE

To:

Douglas Jones, City Auditor

From:

Rex Archer, MD, MPH Director of Health

\_\_\_\_

Subject:

Response to Performance Audit: Communicable Disease Prevention and Public

Health Preparedness Division Performance Measures

- For the "percent of newly reported high priority STD (HIV, Syphilis) investigations completed within 7 days" performance measure, the director of health should:
  - · Include "business days" in the title of the measure.
  - Describe types of syphilis in supporting materials.
  - Maintain a copy of data needed to verify accuracy.
  - · Ensure timely data entry.
  - Recalculate previous months' results.
  - Implement a systematic quality assurance process to review calculations.
  - · Document the calculation method.

#### Agree.

The Department agrees with all of the recommendations made. The Communicable Disease Prevention & Public Health Preparedness Division (CDP/PHP) will immediately update the title of this performance measure to include "business days," and this change will be reflected in the FY2017 4<sup>th</sup> Quarter submissions. The narrative description will also include the types of Syphilis that are being evaluated. Beginning April 1, 2017 each monthly dataset will be frozen and archived for quality assurance activities for accuracy, consistency and reliability. To ensure timely data entry, the STD first-line supervisors will enforce current protocols regarding timeframes for entry of cases and field records into WebSurv (the State's disease registry system). CDP/PHP will develop a step-by-step protocol of how this measure is calculated and will begin working on this in April so that it can be implemented by the 1st quarterly report in FY2018. This will allow the quality assurance process to include recalculation of the previous months' results and ensure reliability of data. The quality assurance process will be documented and include multiple levels of systematic review.

- 2. For the "percent of newly reported high priority communicable disease investigations completed within 7 days" performance measure, the director of health should:
  - Include "business days" in the title of the measure.
  - · State in the title of the measure that STDs are excluded.
  - Implement a systematic quality assurance process to review calculations.
  - · Document the calculation method.

#### Agree.

CDP/PHP will immediately update the title of this performance measure to include "business days" and "excludes STDs," and these changes will be reflected by the FY2017 4<sup>th</sup> Quarter submissions. Staff will develop a step-by-step protocol of how this measure is calculated and begin working on this in April 2017 so that it can be implemented by the 1<sup>st</sup> quarterly report in FY2018. This will allow the quality assurance process to include recalculation of the previous months' results and ensure reliability of data. The quality assurance process will be documented and include multiple levels of systematic review.

3. The director of health should eliminate the "average number of days from the date of diagnosis to receiving the report at the Health Department for all reportable communicable diseases including STDs and HIV" performance measure.

#### Agree.

The Department agrees that this measure does not reflect the Division's performance on timeliness of disease reporting and should therefore not be reported as a performance measure at the highest level (City Manager/City Council); however, CDP/PHP will further explore a new measure or method to monitor disease-reporting compliance by outside facilities and continue to report on this measure internally. It is important for the Department to ensure that medical providers, laboratories and other mandated reporters comply with the City's reporting ordinance to enhance the detection, monitoring and prevention of communicable diseases within Kansas City.

- 4. For the "percent of full-time staff receiving influenza vaccinations" performance measure, the director of health should:
  - Expand the measure's target population.
  - State in the measure title that employees with medical exemptions are excluded.
  - For future comparison purposes, recalculate previous results with the new methodology or note changes in the methodology.
  - Implement a systematic quality assurance process to review calculations.
  - Document the calculation method.

#### Agree.

The Department agrees with the recommendations for this measure. For next year's influenza season, the Department will expand the covered population to include all Health Department employees, contractors and building tenants. The Department will request future contracts of building tenants and security/cleaning contractors to include influenza vaccination except in the case of a medical exemption. The measure's title will be immediately revised to state that it excludes employees/tenants with an approved medical exemption. A protocol has already been drafted to describe the procedures and calculations used for this measure. Any methodology

changes will be noted in both the protocol and the narrative included with the measures. Within the next six months, a quality assurance process that includes multiple levels of systematic review will be documented and implemented.

Sincerely,

Dr. Rex Archer

cc: Troy M. Schulte, City Manager